

LEADERSHIP PAGE



The American College of Cardiology Board of Governors

An Idea Incubator and Instrument for Action



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What is the BOG and why should I care?

It is a privilege to serve as chair of the American College of Cardiology (ACC) Board of Governors (BOG) this year. It is my mission to illuminate the integral value that ACC chapters and their leaders provide to cardiovascular professionals across the United States and to ensure that the goals of ACC's state chapters also align with the College's strategic plan. To begin, we must start at the very beginning—what are ACC chapters? Who leads them? What do these leaders do?

Each state in the United States, as well as Puerto Rico, has an ACC chapter. Each of these chapters is led by an elected president who, by virtue of the position, is appointed to serve on the BOG for a 3-year term. The BOG represents you, the ACC member. As your representatives, BOG members are responsible for bidirectional communication—providing information both to you and back to the College as a whole—about relevant state and national issues affecting your patients and/or your ability to provide cost-effective and appropriate cardiovascular care.

I like to think of the BOG and ACC chapters as incubators of ideas and instruments for action. There are countless examples of ACC programs and projects that were either born from BOG-led ideas, or were successful because of BOG and chapter efforts on the ground. Currently, the ACC is in the midst of implementing 1 of the most innovative ideas born out of its chapters to date. A \$15.8 million grant from the Center for Medicare and Medicaid Innovation is supporting the development of SMARTCare pilot projects in Wisconsin and Florida to help physicians and patients

work collaboratively to make decisions about the treatment of stable ischemic heart disease. SMARTCare, designed by the Florida and Wisconsin ACC Chapters, aims to reduce health care costs by providing tools to help doctors and patients communicate about options for their care while helping physicians apply the latest guidelines and appropriate use criteria to the decision-making process (1).

On the action front, ACC's Door-to-Balloon (D2B) Alliance, which launched in 2006 to improve D2B times for patients with ST-segment elevation myocardial infarction (STEMI) undergoing primary percutaneous coronary intervention (PCI), is 1 of the biggest success stories. The goal of the D2B Alliance was for participating hospitals to treat 75% of their nontransfer patients with STEMI receiving PCI within the guideline-recommended time of ≤ 90 min from hospital arrival. ACC chapters leveraged their strong networks of physician champions in each state to encourage hospital participation and buy-in at the start of the program, as well as to continue to sustain the gains in D2B times over subsequent years. Today, 90% of patients who enter the hospital doors receive treatment in < 90 min, and many are treated within 60, 30, or even 15 min (2,3).

ACC chapters also play key roles in quality improvement and advocacy. Most recently, the combined efforts of BOG members and ACC national leaders and staff resulted in the American Board of Internal Medicine (ABIM) announcing an about-face with its controversial new Maintenance of Certification (MOC) requirements. "ABIM clearly got it wrong. We launched programs that weren't ready and we didn't deliver an MOC program that physicians found meaningful. We want to change that," said a recent e-mail from Richard J. Baron, MD, ABIM president and chief executive officer (4). I believe that our survey sent last year was a key instrument in this about-face

by the ABIM. Your voice was heard AND it made a difference! According to a BOG-led survey of ACC members, 87% were completely against the new MOC changes, and nearly 70% wanted the ACC's leadership to work with the ABIM to shape the future of the policy (5). Although our work here is not complete—more must be done to further modify MOC to make it a more meaningful tool—it is safe to say we would not be where we are today without ACC BOG leaders sharing the concerns and frustrations of their respective chapter members. We will be sending out another survey through the chapter newsletter and will need your responses, so please keep an eye out for it.

Chapters also deserve credit for successfully advocating on behalf of cardiovascular professionals and the patients they serve. Chapter-led efforts have resulted in the passage of smoke-free legislation, life-saving pulse-oximetry screening laws for newborns, protection of in-office medical imaging, and more, in states across the country. We continue to look at local and national legislation that affects the delivery of care and supports our mission.

Chapters are taking an active role in the wider adoption of the ACC's National Cardiovascular Data Registry hospital and outpatient registries to identify gaps in care and to measure and improve patient outcomes across multiple disease states. For example, in Virginia, the state chapter has been invited by the Virginia Cardiac Services Quality Initiative to partner on changing its focus from measuring surgical outcomes to measuring overall cardiovascular care by looking at quality and cost. In Mississippi, the state department of health has entered into an agreement with National Cardiovascular Data Registry to act as a third party to monitor the state's STEMI network hospitals and confidentially promote quality within each institution while otherwise keeping data blinded to competing institutions.

ACC members often ask what they can do to get involved. They ask what they can do to make a

difference, to stay informed, and to be heard. To these questions, I offer 3 simple action items. First, take the time to open the newsletters and communications that come from your local chapter. Scan the communications for important and relevant information. These publications are compiled with your needs and interests in mind, and are typically sent monthly to quarterly. Next, when given the opportunity to voice your opinion—particularly in a formal, structured way—take it. Your feedback is tremendously important, and it will continue to be a critical piece of our impact factor as we move forward. Your input makes a difference. Our voice must be and will be heard. Finally, take your membership in the ACC to the next level by getting involved in your state chapter and in an ACC section—or more—that fits within your specialty or interest area. Our chapters are the boots on the ground for the ACC, and our sections provide smaller communities for members within our robust and growing membership of nearly 50,000.

We practice in interesting times, during which we are experiencing the by-products of a rapidly changing health care delivery environment. We must be a part of the process in crafting sensible changes to the benefit of our members—spanning the entire care team—and, most importantly, our patients. To make this impact, involvement is key. Attend your state's next annual chapter meeting. Contact your chapter president. Let your BOG representatives know what they can do as your local instrument for action with a national voice. Only together can we fulfill the ACC's mission of transforming cardiovascular care and improving heart health. Please do not hesitate to contact me or your state chapter president.

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